

Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS3776HPC	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/29/2009
NAME OF PROVIDER OR SUPPLIER ALWAYS BETTER CARE HOSPICE		STREET ADDRESS, CITY, STATE, ZIP CODE 6950 W VIA OLIVERO STE B4 LAS VEGAS, NV 89117		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
L 000	<p>INITIAL COMMENTS</p> <p>Surveyor: 27286 This Statement of Deficiencies was generated as a result of a focused State Licensure survey conducted at your agency on December 29, 2009, in accordance with Nevada Administrative Code, Chapter 449, Provision of Hospice Care.</p> <p>A Plan of Correction (POC) must be submitted. The POC must relate to the care of all patients and prevention of such occurrences in the future. Also, the intended completion dates and the mechanism(s) established to assure ongoing compliance must be included.</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws.</p> <p>Three patient records were reviewed. Four employee files were reviewed.</p> <p>The following deficiencies were identified:</p>	L 000		
L 058 SS=F	<p>449.0185 REQUIREMENTS OF PROGRAM OF HOSPICE CARE</p> <p>Section 20 A program of hospice care must comply with the following requirements: 1. A qualified person must be available when required to evaluate the dietary patterns of each patient and plan diets to meet the individual nutritional needs of each patient. This Regulation is not met as evidenced by: Surveyor: 27286</p>	L 058		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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L 058	Continued From page 1 Based on contract record review, the agency failed to provide a contract for a qualified person to be available when required, to evaluate the dietary patterns and plan diets to meet the individual nutritional needs of a patient. Severity: 2 Scope: 3	L 058		
L 063 SS=F	449.0185 REQUIREMENTS OF PROGRAM OF HOSPICE CARE A program of hospice care must comply with the following requirements: 6. The services of: (a) A physical therapist; (b) An occupational therapist; and (c) A speech pathologist, must be provided when such services are prescribed for a patient by his physician. This Regulation is not met as evidenced by: Surveyor: 27286 Based on contract record review and interview, the agency failed to employ or provide contracts for a physical therapist, an occupational therapist and a speech and language pathologist to provide therapy services to patients of the program when prescribed by the physician. Severity: 2 Scope: 3	L 063		
L 066 SS=C	449.0186 REQUIREMENTS FOR PLAN OF CARE Section 21 1. The medical director of a program of hospice care shall cause a written plan of care to be established for each patient in the program. Any	L 066		

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L 066	Continued From page 2 person who furnishes care for the patient shall adhere to the plan. This Regulation is not met as evidenced by: Surveyor: 27286 Based on Interview and Record Review Client #1's medical record lacked documented evidence that nursing visits were made as indicated on the care plan for the period of 10/04/09 - 12/29/09. Scope: 2 Severity: 2	L 066		
L 069 SS=F	449.0186 REQUIREMENTS FOR PLAN OF CARE 2. A plan of care must: (c) State the scope and frequency of each service to be provided to the patient and members of his family. This Regulation is not met as evidenced by: Surveyor: 27286 Based on clinical record review, the agency failed to conduct the maximum number of ordered visits within an ordered visit range for 3 of 3 patients. The agency also conducted visits that exceeded those ordered for Patient #2, and failed to make visits as ordered on Patient #1. Severity: 2 Scope: 3	L 069		

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